FORM D



FORM D

DCT 2 0 2004

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden
hours per response 16.00

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
	}					

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Offering of Limited Liability Co	mpany Interests					
Filing Under (Check box(es) that apply):	☐ Rule 504	□ Rule 505	☑ Rule 506	☐ Section 4(6)	□ ULOE	
Type of Filing: ☐ New Filing ☐	Amendment					
	A. BA	SIC IDENTIFICA	TION DATA			
1. Enter the information requested about t	he issuer					
Name of Issuer (\square check if this is an ame	ndment and name has cl	nanged, and indicate	change.)			
Lord Capital SSF Fund, LLC						
Address of Executive Offices	(Number	and Street, City, St	ate, Zip Code)	Telephone Number (Incl	uding Area Code)	
c/o Lord Capital Partners, LLC,	48 Wall Street, 27	th Floor, New Y	ork, New	(212) 346-9500		
York 10005, Attention: Craig Sl						
Address of Principal Business Operations	(Number	and Street, City, St	ate, Zip Code)	Telephone Number (Incl	uding Area Code)	
(if different from Executive Offices)					TOURSSEN	
Brief Description of Business					OCT 21 200	
To invest in Class B Interests in	Structured Settlem	ent Funding, L	LC.	1	2 2 2004	
					MOMSON	
Type of Business Organization					" " WANCIAL	
□ corporation	□limited partnership,	already formed		☑ other (please specify):		
☐ business trust	☐ limited partnership,	to be formed		limited liability company	, already formed	
			Year			
Actual or Estimated Date of Incorporation or Organization: 0 9 0 4						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
	CN for Canada;	FN for other foreig	n jurisdiction)			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Der

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Ø	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 18 Wall Street, 27th Floor, New York, New York 10005 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first,	if individual)					
Same Street, 27th Floor, New York, New York 10005							
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)		•	•	e)			
Managing Partn Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	48 Wall Street, 27 th Fl	oor, New Yor	k, New York 10005		<u> </u>		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Check Box(es) that Apply:	Full Name (Last name first,	if individual)					
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e)			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner □	Executive Officer Di			
Check Box(es) that Apply:	Full Name (Last name first,	if individual)					
Managing Partm Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e)			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director		General and/or Managing Partne
Check Box(es) that Apply:	Full Name (Last name first,	, if individual)					
Managing Partr Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le)			
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partne
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partr Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr	Full Name (Last name first	, if individual)					
Managing Partr Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr	Business or Residence Addi	ress (Number and	Street, City, State, Zip Cod	le)			
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr	Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partne
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partr	Full Name (Last name first	, if individual)					
Managing Partr	Business or Residence Addi	ress (Number and	Street, City, State, Zip Cod	le)			
	Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partne
	Full Name (Last name first	, if individual)					

NY344976.1 20626110001 10/19/2004 cc

1. H	las the	issuer sold	, or does the				edited inve		-				Yes	No ☑
2. V	Vhat is	the minim	um investm			• • •	•				,,,	\$		
3. D	3. Does the offering permit joint ownership of a single unit?									Yes ☑	No □			
o li o	or similisted is of the b	lar remuner s an associa proker or de	ion requeste ration for so ted person caler. If mo nation for th	olicitation of or agent of ore than fiv	of purchase a broker or e (5) perso	rs in conne dealer reg ns to be lis	ction with s istered with ted are asso	sales of sec the SEC a	urities in the nd/or with	ne offering. a state or s	If a perso tates, list th	n to be e name		
Full N	Jame (Last name i	irst, if indiv	idual)										
Busine	ess or	Residence	Address (Ni	umber and	Street City	State Zin	Code)							
Dusin	000 01	residence	1441655 (114	annoer una	oucet, only	, o.u.c, 21p	Code)							
Name	of As	sociated Br	oker or Dea	ler										
States			Listed Has tates" or che										All S	tatec
[A	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[I	
[]	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	[0]
_	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]		A] R]
Full N	lame (Last name i	irst, if indiv	vidual)								-		
Busine	ess or	Residence	Address (Nu	ımber and	Street, City	, State, Zip	Code)							
Name	of As	sociated Br	oker or Dea	ler										
States			Listed Has											
۲۷	(Cr AL]	eck "All S	tates" or che	eck individ [AR]	ual States). [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	All S	states D]
-	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	_	10]
-	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	-	A] R]
Full N	Jame (-	first, if indiv	vidual)					. ,	. ,				
Busin	ess or	Residence .	Address (Nu	umber and	Street, City	, State, Zip	Code)							
Name	of As	sociated Br	oker or Dea	ler										
States	in Wh	nich Person	Listed Has	Solicited o	r Intends to	Solicit Pu	rchasers							
			tates" or ch						•••••			🗆	All S	tates
[]	AL] IL] MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[N	D] 10] 'A]

B. INFORMATION ABOUT OFFERING

[VT] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

[VA]

[WA]

[WV]

[WI]

[WY]

[PR]

NY344976.1 20626110001 10/19/2004 cc

[RI]

[SC]

[SD]

[TN]

[TX]

[UT]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify) Limited Liability Company Interests	\$ <u>215,000</u>	\$ <u>90,000</u>
	Total	\$215,000	\$90,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$ <u>90,000</u>
	Non-accredited Investors	0	\$none
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		7 . 11
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		
	Printing and Engraving Costs		□ \$
	Legal Fees		
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finders' fees separately) Other Expenses (Specify blue sky fees		
	Total		☑ \$ <u>600</u> ☑ \$ <u>10,600</u>

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE O	ЭF	PROCEE	DS	
	b. Enter the difference between the aggregate offering p and total expenses furnished in response to Part C - Q gross proceeds to the issuer."	Question 4.a. This difference is the "adjusted			\$ <u>2</u>	04,400
5.	Indicate below the amount of the adjusted gross proceeds each of the purposes shown. If the amount for any pu check the box to the left of the estimate. The total of gross proceeds to the issuer set forth in response to Part 6	rpose is not known, furnish an estimate and the payments listed must equal the adjusted		_		
				Payments Officers Directors, Affiliate	, &	Payments To Others
	a. Salaries and fees			\$	0	\$
	b. Purchase of real estate			\$	□	\$
	c. Purchase, rental or leasing and installation of machine	ery and equipment		\$	□	\$
	d. Construction or leasing of plant buildings and facilitie	es		\$	□	\$
	e. Acquisition of other businesses (including the value of be used in exchange for the assets or securities of another			\$		\$
	f. Repayment of indebtedness			\$	□	\$
	g. Working capital			\$	_	\$204,400
	h. Other (specify):.			\$	□	\$
		•		\$	□	\$
	Column Totals			\$	Ø	\$ <u>204,400</u>
	Total Payments Listed (column totals added)			☑	\$ <u>204,400</u>	
	D.	FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furnish ormation furnished by the issuer to any non-accredited inv	to the U.S. Securities and Exchange Commiss	ion			
Iss	uer (Print or Type)	Signature / / / /		I	Date Octo	ber 19, 2004
	ord Capital SSF Fund, LLC	Myhill	_			
		Title of Signor (Print or Type)	_			
C :		Authorized Representative, Lord	C	apital P	artners	s, LLC,
		Manager				

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Not Applicable.	Yes	No
See Appendix, Column 5, for state response		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. **Not Applicable.**
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. **Not Applicable.**
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. **Not Applicable.**

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Lord Capital SSF Fund, LLC	Signature	Date October (9, 2004			
Name (Print or Type)	Title (Print or Type)				
Craig Shallcross	Authorized Representative, Lord Capital Partners, LLC,				
	Manager				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.